

AFFIDAVIT AND
DEFENDANT'S FINANCIAL STATEMENT

Isabella County Trial Court
300 North Main Street
Mt. Pleasant, MI 48858
(989) 772-0911

Thoroughly and legibly complete this Affidavit and Defendant's Financial Statement. **Do not leave any blanks.** If an item does not pertain to you, fill in "N/A" for not applicable.

WARNING: It is a felony to intentionally submit false information to a Court. The maximum penalty is 15 years in prison. MCL 750.423

DEFENDANT				
Name: (First, Middle, Last)			Maiden Name:	
Social Security No.:	Date of Birth:	Age:	Student:	College/University/School:
			Part Time ____	
			Full Time ____	
Current Address:			How Long? _____	
Previous Address:			How Long? _____	
Permanent Mailing Address: (If student, list <u>parent's name and address and telephone number</u>)				
Home Phone:	Cell Phone:	Work Phone:	Message Phone:	
Driver's License No:	State:	Expiration Date:	Marital Status:	
			Single ____ Married ____ Divorced ____	
			Window(er) ____ Separated ____	
No. of Dependents:				
Spouse: ____		Children (ages): _____		Other (Relationship) _____
Employer: (<u>Name and address</u>)		Supervisor's Name:		Phone No.:
How Long Employed?	Your Title:	Hours per Week:	Hourly Rate:	
			\$ _____	
Pay Schedule:		Date of Next Check:		

DEFENDANT			
Weekly ____ Bi-Weekly ____ Other _____			
Payroll Deductions: Health Ins. ____ Savings ____ Garnishments ____ Life Ins. ____ Child Support ____ Other _____			
If Unemployed, Your Trade:		How Long Have You Been Unemployed?	
Military: (Branch)		Rank:	No. of Years
Company/Unit Assigned to:	First Sgt.:	Phone No.:	Serial No.
SPOUSE			
Name: (First, Middle, Last)		Nickname or Maiden Name:	
Employer: (Name and address)		Supervisor's Name:	Phone No.:
How Long Employed?	Job Title:	Hours per Week:	Hourly Rate: \$ _____
Pay Schedule: Weekly ____ Bi-Weekly ____ Other _____		Date of Next Check:	
Social Security No:			

Monthly Income Received	Monthly Expenses Paid
Net Take-Home Pay (Self) \$ _____	Mortgage/Rent \$ _____
Net Take-Home Pay (Spouse) _____	Utilities
Unemployment _____	Electric _____
Worker's Compensation _____	Gas _____
Welfare _____	Phone _____
Social Security _____	Water _____
Retirement/Pension _____	Total: _____
Child Support _____	Vehicle Loan _____
Alimony/Maintenance _____	Vehicle Insurance _____
Disability _____	Life/Health Insurance _____
Veteran's Benefits _____	Credit Cards _____
Parents _____	Loans (personal, student, bank) _____
Accident Benefits _____	Medical _____
Allotment Checks _____	Child Care _____
Interest Income _____	Child Support _____
Dividends _____	Other: _____
Other: _____	_____

Total Monthly Household Income \$ _____	Total Monthly Household Expenses \$ _____

Detailed Monthly Expenses	Status C-Current P-Past Due	Amount Owing	Due Date	Monthly Pmt
Landlord's Name, Address, Phone No.:				
Bank: (Lending Institution Name, Address, Phone No.) Type of Loan: _____				
Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____				
Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____				
Credit Card: (Financial Institution) ___ Visa ___ MasterCard ___ Other _____ Credit Limit: _____				
Vehicle Loan: (Lending Institution Name, Address, Phone No.) Description of Vehicle: _____				
Vehicle Loan: (Lending Institution Name, Address, Phone No.) Description of Vehicle: _____				
Other Financial Obligations: (Describe in Detail)				

ASSETS

Vehicle #1 (Make and Model): _____
Year: _____ Plate No. _____ State: _____ Expiration Date: _____ Present Value \$ _____

Vehicle #2 (Make and Model): _____
Year: _____ Plate No. _____ State: _____ Expiration Date: _____ Present Value \$ _____

Bank Accounts: (Name, Address and Phone No. of Institution)

Checking Account # _____ Balance \$ _____

Savings Account # _____ Balance \$ _____

Investment Accounts (Name of IRA, stocks, bonds, profit sharing, pension program)

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

Personal assets, such as real estate, boats, motorcycles, snowmobiles, jewelry, etc. (Describe)

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

_____ Estimated Value \$ _____

REFERENCES:

Full name and address of nearest relative not living with you:

Name	Street Address, City, State, Zip	Relationship	Phone No
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Name	Street Address, City, State, Zip	Relationship	Phone No
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Name	Street Address, City, State, Zip	Relationship	Phone No
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I swear (affirm) under the penalty of perjury that the preceding information is true and correct. I understand that providing false and/or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information needed by the Court.

Dated: _____

Defendant's Signature